Interstate Practice of Dental Teleradiology in the United States: The Effect of Licensing Requirements on Oral and Maxillofacial Radiologists’ Practice Patterns

The study protocol was reviewed and approved by the Harvard Medical School and Harvard School of Dental Medicine Committee on Human Studies (Institutional Review Board approval number 15-1517)

The study itself raised some ethical issues!

Federal Certificate of Confidentiality

We obtained the names of dentists who were listed as board certified on the website of the ABOMR. Through various sources, including PubMed, personal contacts, and practice websites, we were able to obtain current e-mail contact information for 104 of the 111 individuals listed on the ABOMR website

A solicitation e-mail, which included a link to the survey, was sent to the individuals. A reminder e-mail was sent 2 weeks after the initial invitation, and a final e-mail was sent the day prior to closure of the survey

The survey was conducted with Qualtrics, an online survey software tool

The response rate was 74%

The average response rate for studies utilizing data collected from individuals is 52.7% with a standard deviation of 20.4%

We interpret the excellent response rate to our survey to be a result of great interest on the part of respondents to know the answer to the primary question posed.

The remaining results are based only on everyone who was board certified.

Of these who confirmed that they were Diplomates of the ABOMR 64 indicated they read radiographic images and provided written reports. The remaining results are based on the responses of these 64 radiologists.

A majority, 56% (of the 64), reported that they write reports for states in which they are not licensed. The same 56% reported that there are no states in which they are not licensed for which they will not write reports.

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<tr>
<th>Reason for Not Writing Reports</th>
<th>%</th>
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<tbody>
<tr>
<td>Not comfortable writing for these states</td>
<td>24.5% (12)</td>
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<tr>
<td>No professional contacts in these states</td>
<td>14.3% (7)</td>
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<tr>
<td>These states are perceived to have strict licensing laws</td>
<td>20.4% (10)</td>
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<tr>
<td>Restrictions placed by malpractice carrier</td>
<td>8.2% (4)</td>
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<tr>
<td>Other</td>
<td>32.7% (16)</td>
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* Respondents could choose more than one answer, so that the percentages do not add up to 100.
73% of respondents did not know whether their malpractice carrier covers them for states in which they are not licensed. 80%* also did not know whether their malpractice carrier specifically excludes certain states from coverage.

*only 15 respondents answered this question

26 qualitative responses were left by respondents. Of these, seven responses stated a desire for a change in licensure to permit reporting for all states. Eight responses described the individual efforts made to ascertain what the requirements are for oral and maxillofacial radiologists not licensed in that state to write reports for patients in the state.

Conclusions

State Boards Lose Control
It ought to be of concern to dental boards and to states that 56% of those who provide reports do so even when they are not licensed in a state. Since boards only have jurisdiction over their licensees state boards themselves are unable to take action against a practitioner who engages in telemedicine without being licensed there.

Law Has Limited Deterrent Effect
State licensing laws appear to have a limited deterrent effect on the 56% who answered that they write reports for states in which they are not licensed and who would not consider abandoning that practice even though their actions are potentially criminal in nature1,2


Confusion
Comments by the respondents indicated that there is much confusion concerning licensing laws and that they would like to more easily be able to find answers to their questions. As an example of the confusion or misunderstanding as to what is legally required, compare the response of one respondent who stated “some states specifically allow oral and maxillofacial radiologists licensed in any state to read and report on images in its state” and who stated that she or he will report only for those states that affirmatively allow it, with that of another respondent who opined that “radiologists may write reports for a state in which they are not licensed unless that state specifically prohibits radiologists not licensed there from reading and reporting on images.”
Where do we go from here?

Maintain the status quo
State-by-state effort to change the law
National (not federal) license

“The authors suggest that the dental profession establish not only a national examination, but also a national licensing system”


Australia Health Practitioner Regulation Agency

The Council of Australian Governments (COAG) decided in 2008 to establish a National Registration and Accreditation Scheme (National Scheme) for registered health practitioners.

On 1 July 2010 (18 October for Western Australia), the following professions became nationally regulated by a corresponding National Board:

- chiropractors
- dental practitioners (including dentists, dental hygienists, dental prosthetists & dental therapists)
- medical practitioners
- nurses and midwives
- optometrists
- osteopaths
- physiotherapists
- pharmacists
- podiatrists, and
- psychologist